



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Naten	Derek		916-447-1611
MAILING ADDRESS (Street)			FAX
1201 K Street, Suite 1030			916-447-1661
(City)	(State)	(Zip Code)	
Sacramento	California	95814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			N/A
MAILING ADDRESS (Street)			FAX
N/A			N/A
(City)	(State)	(Zip Code)	
N/A			

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Bayer Corporation Pharmaceutical Division, Bayer HealthCare LLC		203-812-3804
MAILING ADDRESS (Street)		FAX
400 Morgan Lane		203-812-6570
(City)	(State)	(Zip Code)
West Haven	Connecticut	06516
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Elizabeth Z. Bartz, President		330-761-9960
MAILING ADDRESS (Street)		FAX
State and Federal Communications, Inc. 80 South Summit Street, Suite 100		330-761-9965
(City)	(State)	(Zip Code)
Akron	Ohio	44308

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below)
Pharmaceuticals |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Derek Naten:

(Signature of Lobbyist)

12/31/04

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Sandra Oliver

Director, State Government Affairs & Public Policy

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Bayer Corporation ~~Pharmaceutical Division, Bayer HealthCare LLC~~

203-812-3804

MAILING ADDRESS (Street)

FAX

400 Morgan Lane

203-812-6570

(City)

(State)

(Zip Code)

West Haven

Connecticut

06516

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Sandra Oliver:

(Signature of Authorizing Officer or Person Represented)

12/17/05

(Date)